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**Testimony in Support of Committee Bill No. 297,
An Act Concerning An Amendment to the Medicaid State Plan Under
Section 1915 (i) of the Social Security Act to Provide Home Care Services.
Human Services Committee Public Hearing, March 8, 2011**

Senator Musto, Representative Tercyak and Distinguished Members of the Human Services Committee,

My name is Susan Raimondo and I am the Senior Director of Advocacy and Programs for the National Multiple Sclerosis Society, Connecticut Chapter. The National MS Society has offices in Hartford and Norwalk. We serve over 6,000 individuals living with multiple sclerosis and their families in Connecticut.

Thank you for the opportunity to testify today. The National MS Society is one of over 24 groups who have come together and are advocating for the state of Connecticut to pursue a 1915(i) Medicaid state plan amendment. **Please pass Committee Bill 297, An Act Concerning An Amendment to the Medicaid State Plan Under Section 1915 (i) of the Social Security Act to Provide Home Care Services.**

The National MS Society and I have been involved in advocating for home and community based services for individuals with MS and other disabilities since the late 1990's. Connecticut has made some strides in working toward rebalancing Medicaid long-term care costs; however **there continue to be significant gaps in options for individuals who have disabilities and need a variety of supports to remain or become independent in the community.**

Under the current system, most Medicaid home- and community-based services in Connecticut are provided through a series of waivers. Waivers provide services to limited numbers of individuals, based on criteria that are often age- or disease-specific. Most waivers have waiting lists.

In addition, these waivers do not offer flexibility and if someone has functional needs that are not included in the specific waiver for people with that diagnosis or age, then they are unable to get any services that they need. This is a critical issue for rebalancing the long term care system. This concern is not new; advocates have been trying to address this issue for almost 10 years.

The time is now, Committee Bill No. 297, An Act Concerning An Amendment to the Medicaid State Plan Under Section 1915 (i) of the Social Security Act to Provide Home Care Services, provides a solution to many of the short-comings challenges within the existing long term care system.

Under the Affordable Care Act there are new opportunities for states to restructure their home and community-based services. One of these is a modified 1915(i) Medicaid State Plan Amendment. The new option will:

- **Overcome "silos"** by addressing the historical fragmentation of the Medicaid "waivers," which are associated with specific age and diagnostic eligibility criteria;
- **Expand coverage** to eligible waitlisted individuals;
- **Allow for presumptive eligibility;** and

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• **Maximize federal funds**, as DSS may be able to move additional participants from exclusively state-funded supports to Medicaid, which will qualify these services for a federal match of at least 50%. These programs include certain participants of the CHCPE and individuals served by DMHAS through state grants.

This should be prioritized because of the opportunity to expand coverage to individuals who are currently waitlisted for HCBS and to garner federal match for some of the individuals who are currently served exclusively through state funding. This will also help Connecticut streamline and improve access to Medicaid home and community-based long-term care services.

Last month, Governor Malloy announced the expansion of the 'Money Follows the Person' (MFP) program. This program combines cost-effectiveness with improved quality of life for individuals who can live on their own with support services.

We applaud this effort. However, we want to express our concern that the existing home and community based service programs for individuals with disabilities have massive waiting lists and it can take over a year to obtain services. The reality is that many individuals may end up entering a nursing home while waiting to obtain access to these programs.

My experience includes serving on the Money Follows the Person Steering Committee and as the Family Caregiver Representative on the CT Long Term Care Advisory Council. My husband has advanced MS and I have been working at the National MS Society for 24 years. My seventy-four year old mother-in-law and I have been providing 24/7 care for my husband for the past 8 years. He is total care. Currently he is hospitalized with severe pneumonia and our goal is to bring him home. He is on the PCA waiver waiting list and we anticipate waiting over a year for services. But if he moves to a nursing home after this hospitalization and stays for at least 3 months, he could probably come out under Money Follows the Person and immediately begin receiving services instead of having to wait a year for services under the PCA Waiver waiting list. There is something terribly wrong with that scenario! Options are needed to prevent nursing home placement, the current system emphasizes institutionalization in order to access community services.

Please pass Committee Bill 297, An Act Concerning An Amendment to the Medicaid State Plan Under Section 1915 (i) of the Social Security Act to Provide Home Care Services.

Thank you.

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